UTILITY

Approved for use through 10/31/2002. OMB 0651-0032

No. 030640-02 Attorney Docket No.

PATENT APPLICATION	First Inventor Gary J. Mullen						
TRANSMITTAL	Title AN APPARATUS FOR TREATING PNEUMOTHORAX AND/OR HEMOTHORAX						
(Only for new nonprovisional applications under 37 CFR 1.53(b))	Express Mail Label No.						
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. 1. Fee Transmittal Form (e.g., PTO/SB/17)	Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231 7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies; or ii. paper c. Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS						
- Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. ☑ Drawing(s) (35 U.S.C. 113) Figs. 1-7 [Total Sheets 9] 5. Oath or Declaration [Total Pages 1] a. ☑ Newly executed (original or copy) b. ☐ Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. ☐ DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) 6. ☑ Application Data Sheet. See 37 CFR 1.76	9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney 11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations 13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. Nonpublication request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. Other:						
or in an Application Data Sheet under 37 CFR 1.76: ☐ Continuation ☐ Divisional ☐ CIP of prior application	No.:						
Prior application information: Examiner Group / Art Unit:							
Customer Number or Bar Code Label Or Correspondence address below 22204							
Name							
Address							
City State	Zip Code						
Country Telephone (20	02) 585-8233 Fax (202) 585-8080						
Name (Print/Type) Jerome W/Massie / Registration No	o. (Attorney/Agent) 48,118						
Signature Justil Justil	Date September 8, 2003						

PTO/SB/17 (10-02) Approved for use through 10/31/2002. OMB 0651-0032

FEE TRANSMITTAL	L
FOR FY 2003	

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 375.<u>00</u>

Complete if Known				
Application Number	Not Yet Assigned			
Filing Date	September 8, 2003			
First Named Inventor	Gary J. Mullen			
Examiner Name	Not Yet Assigned			
Art Unit	Not Yet Assigned			
Attorney Docket No.	030640-02			

METHOD OF PAYMENT (check all that appl	(y)			F	EE CALCULATION (cor	ntinued)		
Check Credit Card Money Other	None 3.	ADDITIO	ONAL	FEES				
Order Deposit Account:	Lar	Large Entity Small E		Entity				
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Account 19-2380(030640-02) Number	105		Code 2051	(\$) 65	Surcharge – late filing fee or	nath		
Trainer	105		2052	25	Surcharge - late provisional f			
					sheet			
Deposit Account Nixon Peabody LLP	105	3 130	1053	130	Non-English specification			
Name Name	181	2 2,520	1812	2,520	For filing a request for ex parte reexamination			
The Commissioner is authorized to: (check all that ann	180	4 920*	1804	920*	Requesting publication of SIR prior to Examiner			
The Commissioner is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments		5 1,840*	1805	1,840*	action Requesting publication of SIR after Examiner			
	payments	Í	}	-	action			
Charge any additional fee(s) during the pendency of this app	olication 125	1 110	2251	55	Extension for reply within fir	rst month		
Charge fee(s) indicated below, except for the filing fee	125	2 410	2252	205	Extension for reply within second month			
to the above-identified deposit account.	125	3 930	2253	465	Extension for reply within th	ird month		
FEE CALCULATION	125	4 1,450	2254	725	Extension for reply within fo	ourth month		
1. BASIC FILING FEE	125	5 1,970	2255	985	Extension for reply within fit	fth month		
Large Entity Small Entity Fee Fee Fee Fee Description	140	1 320	2401	160	Notice of Appeal			
	e Paid 140	2 320	2402	160	Filing a brief in support of ar	ı appeal		
	140	3 280	2403	140	Request for oral hearing			
1001 750 2001 375 Utility filing fee 3'	75.00 145	1 1,510	1451	1,510	Petition to institute a public u	use proceeding		
1002 330 2002 165 Design filing fee	145	2 110	2452	55	Petition to revive – unavoidable			
1003 520 2003 260 Plant filing fee	145	3 1,300	2453	650	Petition to revive – unintentional			
1004 750 2004 375 Reissue filing fee	150	1 1,300	2501	650	Utility issue fee (or reissue)			
1005 160 2005 80 Provisional filing fee	150	2 470	2502	235	Design issue fee			
	150	3 630	2503	315	Plant issue fee			
SUBTOTAL (1) (\$) 375.00		0 130	1460	130	Petitions to the Commissione	er		
(\$) 373.00		7 50	1807	50	Processing fee under 37 CFR 1.17(q)			
2. EXTRA CLAIM FEES FOR UTILITY AND RE			1806	180	Submission of Information D	· · · · · · · · · · · · · · · · · · ·		
Fee from	802	1 40	8021	40	Recording each patent assign	ament per property		
Extra Claims below Total Claims 17 -20** = 0 X =	Fee Paid	9 750	2809	375	(times number of properties) Filing a submission after fina			
Total Claims 17 -20 - 0 X	1 100	9 /30	2009	3/3	(37 CFR 1.129(a))	in rejection		
Independent $\boxed{1}$ -3** = $\boxed{1}$ X $\boxed{}$ = $\boxed{}$	181	750	2810	375	For each additional invention to be examined			
Claims Multiple Dependent X = [0 180	1 750	2801	375	(37 CFR 1.129(b)) Request for Continued Examination (RCE)			
		. ,,,,		5.5	Traduction Commission Briann	(102)		
Large Entity Small Entity	180	2 900	1802	900	Request for expedited examination	nation of a design		
Fee Fee Fee Fee <u>Fee Description</u> Code (\$) Code (\$)	Out	f (ده:		application			
1202 18 2202 9 Claims in excess of 20	1 0	er fee (speci	11y)					
1201 84 2201 42 Independent claims in exces	s of 3				•			
· ·	*Re	duced by B	asic Filin	g Fee Paid	SUBTOTAL (3) (\$)		
1203 280 2203 140 Multiple dependent claim, it	1							
1204 84 2204 42 ** Reissue independent clai original patent	ms over	Į h	ereby cer	rtify that th	CERTIFICATE OF MAILING is correspondence is being deno			
1205 18 2205 9 ** Reissue claims in excess		I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for						
over original patent	Pate	Patents, Washington, DC 20231, on						
SUBTOTAL (2) (5)								
**or number previously paid, if greater, For Reissues, see abov	e Nan	ie:						
SUBMITTED BY		#		40.555	Complete (if a			
Name (Print/Type) Jerome W. Massie		intration Norney/Age		48,118	Telephone	(202) 585-8000		
	177	yiiigei	~ -		Date	September 8, 2003		
Signature . In me	.//////	me	o			,		
Signature	- V V 14	700						